



EUROPEAN CHAMPIONSHIP 2018

Entry Form

(One for each horse/rider)

RIDER NAME _____
(LAST & FIRST NAME)

DATE OF BIRTH (dd/mm/aa) ____/____/____ COUNTRY _____

HORSE NAME _____
(PLEASE USE OFFICIAL NAME OF THE HORSE)

O – AQHA O – APHA O – AHC OTHER _____ REG.NUM. _____

Cell.number _____ Email _____

(X your category choice):

- O – BARREL RACING OPEN 4D..... € 250,00
- O – POLE BENDING OPEN 3D..... € 250,00
- O – BARREL RACING JUNIOR ... (Born 1/1/2004-31/12/2008)..... € 100,00
- O – POLE BENDING JUNIOR ... (Born 1/1/2004-31/12/2008)..... € 100,00
- O – BARREL RACING YOUTH ... (Born 1/1/2000-31/12/2003)..... € 100,00
- O – POLE BENDING YOUTH ... (Born 1/1/2000-31/12/2003)..... € 100,00
- O – STALL € 250,00

Total amount due € _____ pay by Wire transfer to
NBHA ITALIA – IBAN IT 90 I 05584 22800 000000026531 - SWIFT BPMIITM1101

Entry Form be sent before - **6th MAY 2018**

I accept all the Rules and Regulation of the competition; I declare to have insurance for me and my horse for damage against third parties and I accept NBHA ITALIA use my data for competition needs

Sign _____

Send by fax to +39.0383.364635 or by email to info@nbhaitaly.com
Information to NBHA ITALIA – Sara +39.345.2348812

Parent Sign _____ () (X if parent of a less than 18 years old rider)
(LAST & FIRST NAME clear)